Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>3/9/2010</u>	Address:	Rural Farm Field
Case #:	<u>42-30212</u>		S Maple Street
County:	Jackson/36	•	Freetown, IN 47235
Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (compared Residence Outbuilding Vehicle	heck all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
☐ Water Reactive Metal (Lithium):			
Anhydrous Ammonia: one partially filled carry tank/non-pressurized.			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) eport to Child Protective Services	Ephedrin	e Information ne/Pseudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Health Dep	tment: Pershing Township Fire Dept. partment: Jackson County ection Service: Jackson County	Fax: <u>(812)</u> Fax: <u>(812)</u> Fax: <u>(812)</u>	522-6474
For further information regarding this methamphetamine laboratory, contact Investigating Officer: S/Trp. Rick Hewitt Phone (800) 566-6704			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.